14020433987

FEC FORM

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

14 JUN 23 PM 2: 38

FORM 1				14 001	Office Use Only
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, typ over the lines.	e 12FE4M5	
SWAFFOF	RD FOR L	JS ŞEŅAT	E		<u> </u>
		<u> </u>			
ADDRESS (number a	nd street)	O BOX 179	1 7 		
(Check if ac is changed)	tdress FL	OWERY B	BRANCH	GA	30542 _ 0030
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	ΙΑΙ	· · ·	e-mail address)	FFORD.N	<u> </u>
is change			<u> </u>		
(Check if is changed) 2. DATE (Check if is changed)	address d)	WW.AMAN 2014	NDASWAFFO	RD, NET	
3. FEC IDENTIFIC	CATION NUMBER	C			
4. IS THIS STATEM	MENT N	EW (N) OR	AMENDED (A	A)	
I certify that I have e	xamined this State	ement and to the be	st of my knowledge and be	lief it is true, correct	and complete.
Type or Print Name of	of Treasurer C	hristopher	Barnes		
Signature of Treasure	ır <u>()</u>	intophoe	fame	Date 06	18" (2014)
NOTE: Submission of f			n may subject the person sign		the penalties of 2 U.S.C. §437g.
Office Use Only			For further informat Federal Election Com Toll Free 800-424-95 Local 202-694-1100	nmission	FEC FORM 1 (Revised 02/2009)

This committee is a principal campaign committee. (Complete the candidate information below.)

House

This committee supports/opposes only one candidate, and is NOT an authorized committee.

(National, State

or subordinate) committee of the

Office

Sought:

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

Senate

Page 2

State

District

(Democratic,

Republican, etc.) Party.

President

FEC Form 1 (Revised 02/2009)

information below.)

This committee is a

TYPE OF COMMITTEE **Candidate Committee:**

(a)

(b)

(c)

(d)

Name of Candidate

Name of Candidate

Candidate

Party Affiliation

Party Committee:

FEC	Form	1	(Revised	02/2009
			111041300	02/2000

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	· · · · · · · · · · · · · · · · · · ·		
Write or Type Committee N	lame		
SWAFFORD I	FOR US SENATE		
6. Name of Any Connect	ed Organization, Affiliated Committee, Join	nt Fundraising Representative	e, or Leadership PAC Sponsor
Mailing Address			
Mainly Address		!	
	CITY	STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Sponsor
_		_	<u></u>
7. Custodian of Records:	Identify by name, address (phone number	optional) and position of the	person in possession of committee
books and records.			•
_ ,TRE	EASURER		
Full Name			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	<u> </u>
Treasurer: List the name any designated agent (e.	and address (phone number optional) of g., assistant treasurer).	the treasurer of the committee	; and the name and address of
	,		
Full Name of Treasurer	RISTOPHER BARNES		
Mailing Address	ATTN: SWAFFORD FO	R US SENATE	
•	PO BOX 1797		
	FLOWERY BRANCH	, ,GA,	30542 0030
	CITY	STATE	ZIP CODE
Title or Position			
CAMPAIGN MAN	AGER/TREASURER	Telephone number 77	70, - 967, - 6681

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Wesy Branch GA 3542

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THE SENATE

Washington, DC 20013-7578

Office of Public Records PO Box 77578

Secretary of the Senate

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PREPARER DH

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

DANA K MECALLUM SUPERINTEL MENT

HAR' HATE DIFICE BY SUITE 444 WASHINETON, DE 20510-71 PHONE (202) 224-0322

THE PRECEDING DOCUMENT WAS:
HAND DELIVERED
USPS FIRST CLASS MAIL Postmark Q 14
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OVERNIGHT DELIVERY SERVICE: SHIPPING DATE NEXT BUSINESS DAY DELIVERY
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FAXDate of Receipt
OTHERDate of Receipt or Postmark
PREPARER DH DATE PREPARED 6-23-14



SEN PATCH



SEN PATCH